PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004									Application or Docket Number			
Ŀ		ا ــا 	Tective Dec	ember	5, 20	U4			10	15	5408	5
CLAIMS AS FILED - PART I								SMALL EN	TITY	OR		R THAN ENTITY
fi s	LANOITAN	STAGE FEES	(Column 1)		· ·	(Column 2)	1		·	٠ ٦		
					-			RATE	FEE	4	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150  Satisfies PCT Article 33(1)-		LARGE ENT. = \$ 300  All other situations =			BASIC FEE	ļ	OR	BASIC FEE	X
EXAMINATION FEE			(4) = \$50	(4) = \$50/\$ 100 U.S. is ISA = \$50/\$ 100		\$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	120
SEARCH FEE			ALL other countries = \$ 200/\$ 400		ALL other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	40
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			// minus 20 =		*			X \$ 25 =	·	OR	X \$ 50 =	
ΝĎ	EPENDENT CL	AIMS	/ m	inus 3 =	*			X \$ 100 =		OR	X \$ 200 =	1
ΛUΙ	TIPLE DEPEN	DENT CLAIM PR	ESENT	,				+ \$ 180 =		OR	+ \$ 360 =	
If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	90
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALL E	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	Total \	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	١	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	ENDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =	
							•	FFF		OR	TOTAL ADDIT. FFF	
		(Column 1)		(Colum	 ın 2)	(Column 3)	<b>.</b> .	<u> </u>		<u>-</u>		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ÄDDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
					,		•	OTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF	
**	If the "Highest Nu If the "Highest Nu	ımn 1 is less than the ımber Previously Pai ımber Previously Paid nber Previously Paid	d For" IN THIS SPA d For" IN THIS SPA	ACE is less ACE is less	than '20	0', enter "20". , enter "3".	1 the	appropriate box	in column 1.			

FORM 9TO-875 (Rev. 02/2005)

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